

Ohio Campaign Finance Report

05 DEC 15 PM 1:35

		Prescribed by Secretary of State 3/05						FRANKLIN ODUNITY						
Full Name of Committee				-	Registr	ation Nun	nber, if	PACLECTIC						
CITIZENS FOR RAY	MRIM													
Full Name of Candidate														
MIKER RANKIR														
Street Address			Office Sought			- 1	District							
545 EAST TOWN STR	CEET		JUDGE,	COM	40N I	PLEAS	FR.	ANKLIN CC						
City				S	tate	Zip Code	9							
COLUMBUŞ				0	H	4321	.5							
				X				Annual Year						
Type of Report	Pre-Primary	Post-Primary	Pre-General	<u> </u>	Post-G	eneral								
(place X to the left of repor	July	August	September	1	1	i		Semiannual						
type)	Monthly	Monthly	Monthly		Termin	ation								
Amended Report?	Report Elec	tronically filed?			М	C)	Y						
Yes 🔀 N	o <u> </u>	Yes 🔀 No	Date of Election	. 1	1	Ü	8	0 5						

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount brought forward from last report	\$ 26,966.16
2. Total monetary contributions (From Form No. 31-A)	\$ 46,520.00
3. Total other income (From Form No. 31-A-2)	9.25
4. Total funds available (sum of lines 1, 2, 3)	5 73,495.41
5. Total monetary expenditures (From Form No. 31-8)	\$ 67,816.77
6. Balance on hand (line 4 minus line 5)	5,678.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 550.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,201.11
11. Outstanding loans owed to committee (From Form No. 314C)	0.00
12. Value of independent expenditures made (From Form No. 31-L)	0.00
 For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period 	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER										
COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE Laura T. Riggs-Kolman, Treasurer 12-16-05										
Laura T. Riggs-Kolmar	12-16-05									
Print Name and Title (Treasurer and	Deputy Treasurer only)	Signature	00	Date						
Contribution	Expenditure		Other	Total						
page: 12	pages	2	pages 6	pages 20						

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Prescribed by Secretary of State 2/01

Name of Committee in Full											
CITIZENS FOR RANKIN											
Full Name of Contributor	en a rocesz r	r i ental an	OF A 1 A ZONZONE ON TOP	Regi	istra	ition Nu	ımber, i	f PAC			
FRANKLIN COUNTY DEMOCRATIC I								Eor	m (Cach	, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization								CHEC		
271 EAST STATE STREET	C+-	ate	Zip Code	Ιм		D	ΤΥ		ount	18	
city COLUMBUS	O H 43215				n	2 6	1	- 1	içon:	6,500.00	
Full Name of Contributor							ımber, i			(7)5(707.50	
AVIS M. RANKIN							·				
Street Address	Employe	er/Occup	pation/Labor Organization					For	m (Cash	, Check, etc.)	
2432 WYNCOURTNEY COURT	CAI	NDID	ATES FAMILY ME	MB.	ER			1			
City		ate	Zip Code	М		D	Y	An	ount		
POWELL.		H	43065	1	()	2 €	0 .	5		30,000.00	
Full Name of Contributor			-	Regi	istra	tion Nu	ımber, i	f PAC			
ISAAC, BRANT, LEDLMAN & TEFTO	₹										
Street Address	Employe	er/Occup	pation/Labor Organization						Form (Cash, Check, etc.)		
250 EAST BROAD STREET	ŀ								CHEC	K	
City		ate	Zip Code	М		D	Y		ount	and the contract of	
COLUMBUS	0	[-]	43215		0					250.00	
Full Name of Contributor				Registration Number, if PAC							
JOSEPH E. SCOTT	Te	/ 🗅						l Co.	(Ch	Charle sas \	
Street Address	Employer/Occupation/Labor Organization								Form (Cash, Check, etc.)		
35 E. LIVINGSTON AVE.	ATTORNEY State Zip Code		Zip Code	M D Y				ount	1.		
COLUMBUS		H	43215		0	l .	1	- [,Quii (325.00	
Full Name of Contributor		1 1	#J410		_		ımber, i	_	****	0724074070	
EUGENE KAPPELER				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Street Address	Employe	er/Occur	pation/Labor Organization	_				Foi	m (Cash	, Check, etc.)	
635 ROTHMOORE DR.									CHECK		
City	St	ate	Zip Code	М		D	Y	An	ount		
GALLOWAY	0	H	43119	1	0	2 8	0	5		25.00	
Full Name of Contributor			<u>-</u>	Reg	istra	ition Nu	ımber, i	f PAC			
CHRISTINA L. CORL				L.							
Street Address	1		pation/Labor Organization					Form (Cash, Check, etc.)			
500 S. FRONT ST., SUITE 1200			, BROWN & JAMES						CHECK		
City		ate	Zip Code	M		D	Y		ount	E00.00	
COLUMBUS	O_	H	43215		0		0			500.00	
Full Name of Contributor				кеg	istra	ITION N	ımber, i	IT PAC			
EDWIN L. MALEK Street Address	Employe	ar/Occui	pation/Labor Organization	_				En	rm (Cash	, Check, etc.)	
1227 S. HIGH STREET	1		· -						CHEC		
City	MALEK & MALEK State Zip Code		М		D	Y		nount	1.0		
COLUMBUS	- l o	Н	43215	Ι.	0		do L			130.00	
Full Name of Contributor							ımber,				
HARLAN S. LOUIS											
Street Address	Employe	er/Occuj	pation/Labor Organization					Fo	rm (Cash	, Check, etc.)	
10 W. BROAD ST., SUITE 2100	BAI	LEY 0	CAVALIERI								
City	St	ate	Zip Code	М		D	Y	An	nount		
COLUMBUS	0	Н	43215	1	0	2 8	0	5		150.00	
# B . 1		1:1.						- 44		a standad to a time a	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 37,880.00

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Prescribed by Secretary of State 2/01

Name of Committee in Full											
CITIZENS FOR RANKIN				15 .							
Full Name of Contributor				Regis	stra	tion N	umber,	, IT F	'AC		
KILROY FOR COMMISSIONER	Translati	or/Occur	nation // abor Organization						Form (Cash, Chec	rk atc.)	
Street Address	Employ	er/Occu	pation/Labor Organization							K, etc.)	
3886 N. HIGH STREET	-		17:- O-d-	1			1 1/		CHEDK		
COLUMBUS	O	tate H	Zip Code 43214	M	ام	3 1	Y 0		Amount	250.00	
Full Name of Contributor		J. J.	*F. 7.22.3.**E		_		umber,		PAC	400000	
FRIENDS OF SHERROD BROWN				neg.	,,,,	<i>ειψιι ι</i> ι	annoci,	,	AC		
Street Address	Employ	er/Occu	pation/Labor Organization	_					Form (Cash, Chec	k, etc.)	
607 14TH ST., NW, SUTTE 800									CHECK		
City	St	tate	Zip Code	Ιм		D	TY		Amount		
WASHINGTON	1 D	1 C	20005	111	ا ه	3 -	1 .			100.00	
Full Name of Contributor	1.2	<u> </u>	1000000	_			umber,		PAC	200.00	
RICHARD D. GALLAGHER								,			
Street Address	Employ	er/Occu	pation/Labor Organization						Form (Cash, Chec	ck. etc.)	
373 W. 6TH AVE.		o ooou	paddin zanor digamapian						CHECK		
City	Si	tate	Zip Code	Тм	-1	D	Y	,	Amount	111111	
COLUMBUS		H	43201		4		t loi			500,00	
Full Name of Contributor		1 1	A.C. Carlot		_		umber,	_	PAC	27070100	
JOHN WILLIAM FERRON								,	-		
Street Address	Employ	er/Occu	pation/Labor Organization	<u> </u>					Form (Cash, Chec	ck. etc.)	
6262 DEESIDE DRIVE	ATTORNEY								CHECK		
City	State Zip Code		Тм		D	ΙY		Amount	-		
DUBLIN		Н	43017	111	1	0 2				250.00	
Full Name of Contributor	1 3	1 3 4	Auren Ar	- "	_		umber.		PAC	the Control of Control	
LABORERS INT'L UNION OF N.A. L-42?	BPAC	FUNI)		Α9			,			
Street Address			pation/Labor Organization						Form (Cash, Chec	ck. etc.)	
620 ALUM CREEK DRIVE			,						CHECK		
City	St	tate	Zip Code	М	Т	D	ΤY		Amount		
COLUMBUS	0	H	43205	11	т I	0 3	2 0 1	5		500.00	
Full Name of Contributor	1	3. 3.					umber,		PAC		
RICHARD L. LEVINE				•							
Street Address	Employ	er/Occu	pation/Labor Organization	<u> </u>					Form (Cash, Chec	ck, etc.)	
2754 BRYDEN ROAD	1								CHECK		
City	St	tate	Zip Code	М	Т	D	Y		Amount	-	
COLUMBUS	10	Н	43209	11	1	0 2	2 0 1	5		100.00	
Full Name of Contributor		1					umber				
CURTIS F. GANTZ											
Street Address	Employ	er/Occu	pation/Labor Organization						Form (Cash, Chec	k, etc.)	
175 S. THIRD ST.	LA	NE, A	LTON & HORST						CHECK		
City		tate	Zip Code	М		D	Y	,	Amount		
COLUMBUS	0	Н	43215	1	1	$0 \mid 2$	2 0	5	1	400.00	
Full Name of Contributor	_			Regis	stra	tion N	umber,	, if F	AC		
ANDREW L. KLEIN				1							
Street Address	Employ	er/Occu	pation/Labor Organization	n					Form (Cash, Check, etc.)		
1090 SAY AVE.	AT	TORN	IEY						CHECK		
City		tate	Zip Code	М	Т	D	Y	,	Amount		
COLUMBUS	0	Н	43201	11	1	0 2	2 0	5	1	500.00	
* Required for contributions over \$100 to statewide and general									han amplayer abou	ıld ba lietad	

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 2,600.00

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Name of Committee in Full				<u> </u>						
CITEZENS FOR RANKIN					In.	alatr.	ntion N	umber, it	DAC	
Full Name of Contributor IANIS HOTT					KE	gistra	ation in	ципрег, п	PAC	
Street Address	Emplo	ver/Occu	natio	on/Labor Organization	ㅗ				Form (Cash, Ch	eck etc)
1086 SAY AVENUE	Citipio	yei/ occu	paci	on capor organization					CHECK	CCK, CtC.)
City		tate	Zir	Code		М	D	ΤY	Amount	
COLUMBUS	- l o	H		43201	l l	1	1			500.00
Full Name of Contributor		1 1		#.744U.L				umber, it		200.00
BONNIE I. SPRING					, n	gisti	acion iv	urnoer, n	170	
Street Address	Emplo	vor/Occu	nati	on/Labor Organization					Form (Cash, Ch	nek etc)
	Emplo	yei/Occu	patr	DIVEADOR Organización						ieck, etc.)
1806 RED FERN DRIVE		tate	710	Code		м	D	ΙΥ	CHECK Amount	
City ZOSONE K DINARDOLOGO			1 '	43229	- 1		0 2	1		50.00
COLUMBUS Full Name of Contributor	V)	H	<u> </u>	4.74.27				umber, it		20.00
MARY DEE DRYER					I NE	gistra	ation iv	umper, s	PAC	
Street Address	Emplo	vor/Occu	nati	on/Labor Organization					Form (Cash, Ch	ack atc \
				ΓΕ'S FAMILY M	CON AC	0170			CHECK	ieck, etc.
23845 FORDSON City		tate		Code	-		D	TY	Amount	
	M	l x	1 1	48124	1	M	1	ì	1	500.00
DEARBORN Full Name of Contributor	391	, i	Ш	40124		1		7 0 5 umber, in	_	200.00
			- 1		1,00	gistra	ation N	umber, n	PAC	
ROBERT GRAY PALMER Street Address	Frank			-/I shay Oyessigntion	ᆫ				Form (Cash, Cl	ande ata l
				n/Labor Organization					1	ieck, etc.)
185 RUSTIC PLACE		TORN		<u> </u>			1 .	1 0	CHECK	
City COOL ETA COLLEC		tate	1 .	Code		M La	D) Y	Amount	050.00
COLUMBUS Full Name of Contributor	0	Н		43214		1		3 0 5 umber, it		250.00
					KE	gistra	ation N	umber, ii	PAC	
CANDACE MCCHESNEY	Emplo		nati.	an /I obey Organization	ᆣ				Form (Cash, Ch	nok ata l
Street Address	Embio	yer/Occu	pati	n/Labor Organization					I	ieck, etc.)
2750 OAKRIDGE COURT			T-v	0.4	-		т -	Ιν.	CHECK	
City LUDDITTO A TOURN ACTIVITY ON Y		itate	1 '	Code	- 1	M In	D	Y	Amount -	100.00
UPPER ARLINGTON	O	H		43221			1			100.00
Full Name of Contributor					KE	gistra	ation N	umber, i	PAC	
WALTER J. GERHARDSTEIN	Te	10			. L				/O O.	
Street Address	Emplo	yer/Occu	pati	n/Labor Organization					Form (Cash, Ch	ieck, etc.)
7100 N. HIGH ST., SUITE 307			1=:						CHECK	
City		tate	Zip	Code	- 1	M	D	Y	Amount	100.00
WORTHINGTON	O	Н		43085			1 (100.00
Full Name of Contributor					Ke	gistr	ation N	umber, i	PAC	
CAROL A. WRIGHT	I =	10							(O	
Street Address	Етрю	yer/Occu	pati	on/Labor Organization					Form (Cash, Ch	ieck, etc.)
318 BERGER ALLEY			1				T 5	1 1/	CHECK	
City		tate	Zip	Code		M	D	Υ	Amount	* 00 00
COLUMBUS	O	H	<u> </u>	43209		1				100.00
Full Name of Contributor					Re	egistra	ation N	umber, i	PAC	
MARY C. WOODS					L				_	
Street Address	Emplo	yer/Occu	pati	n/Labor Organization					Form (Cash, Ch	neck, etc.)
1022 BLIND BROOK DRIVE							,		CHECK	
City	I _	state	Zip	Code	- 1	M	D	Y	Amount	
COLUMBUS	0	Н	<u>L</u>	43235		. 1	1 :	- 1		100.00
* Required for contributions over \$100 to statewide and gene	-									
If two or more employees contribute via payroll deduction and	d exceed the	e aggrega	ite c	of \$100, the labor organ	nizatio	n of v	which t	he emplo	yees are member	rs, if any, mus
appear. R.C. 3517.10(B)(4)								1 _	n Total \$ 1	700.00

Prescribed by Secretary of State 2/01

Name of Committee in Full				-			
CITIZENS FOR RANKIN							
Full Name of Contributor			Registr	ation N	mber, if	PAC	
RICHANNE M. ZYMKOSKI			1109101		bo.,		
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash.	Check, etc.)
2128 POPLAR STREET		- 				CHEC	
City	State	Zip Code	М	D	TŸ	Amount	
COLUMBUS	отп	43209	1 1	1 8	0 5		1.00,00
Full Name of Contributor	1.2				ımber, if		
SCOT E. DEWHIRST			1				
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash,	Check, etc.)
560 E. TOWN STREET	ARTZ 8	DEWHIRSTLLP				CHEC	K
City	State	Zip Code	М	D	Υ	Amount	
COLUMBUS	Olii	43215	1 1	1 8	0 5	Ī	50.00
Full Name of Contributor	····	•	Registr	ation N	ımber, if	PAC	
LYNN A. GREER			1				
Street Address	Employer/Occ	upation/Labor Organization	_			Form (Cash,	Check, etc.)
1200 CHAMBERS ROAD. SUITE 410						CHEC	K
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OH	43212	1 2	0 8	0 5		100.00
Full Name of Contributor			Registr	ation N	ımber, if	PAC	
TRANSFER FROM FORM 31E							
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash,	Check, etc.)
City	State	Zip Code	М	D	Y	Amount	en mu es
				1 1			250.00
Full Name of Contributor			Registr	ation N	ımber, if l	PAC	
TRANSFER FROM FORM 31E	le l /o					Tr (Ch	Shark and
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash,	Check, etc.)
Cit	C+-+-	17:- 0-4-	Тм	l D	TV	Amount	
City	State	Zip Code			0 5	1	135.00
Full Name of Contributor				2 1	umber, if i		100.00
TRANSFER FROM FORM 31E			Registi	ation N	imber, n	rac	
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash	Check, etc.)
Street Address	Employer/occ	upacion/ Lacor Organizacion				om (casil,	oncer, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount	
		12.15		2 5			3.000.00
Full Name of Contributor					ımber, if		2,000
TRANSFER FROM FORM 31E			ľ		,		
Street Address	Employer/Occ	upation/Labor Organization	<u> </u>			Form (Cash,	Check, etc.)
		•					
City	State	Zip Code	М	D	Υ	Amount	
			110	2 7	0 5	l	705.00
Full Name of Contributor		<u> </u>			mber, if		
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash,	Check, etc.)
		-					
City	State	Zip Code	М	D	Y	Amount	
* Required for contributions over \$100 to statewide and gener	al assembly candic	lates. If contributor is self-emp	oloyed, oc	cupatio	n rather t	han employe	r should be listed
If two or more employees contribute via payroll deduction and	exceed the aggreg	gate of \$100, the labor organi	zation of	which t	ne employ	ees are mem	bers, if any, mus

appear. R.C. 3517.10(B)(4)

Page Total \$ 4,340.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN				
			Registration Number, if PAC	
Full Name BANK ONE			registration number, it PAC	
			M D Y Amount	
Address	Type*			1.15
833 S. HIGH STREET	IN			CL
COLLYMANUS	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O E	43206	INTEREST	
Full Name 💂 BANK ONE			Registration Number, if PAC	
Address	Type*		M D Y Amount	
833 S. HIGH STREET				2.10
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS			INTEREST	
Full Name		T. Fact/ U	Registration Number, if PAC	
i dii isanis			negistration number, ii FAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
	1			
Full Name	1		Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
. 100.000	1 1 1			
City	State	Zip Code	Form(Cash,Check,etc)	
	State	Lip code	t with Cash, One Chycle)	
Full Name			Posictration Number 16 DAC	
FUII IVALIJE			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	"			
City	State	Zip Code	Form(Cash,Check,etc)	
1				
Full Name	1		Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
l [*]		1		
Full Name	ı		Registration Number, if PAC	
			regionation runnings if the	
Address	Type*		M D Y Amount	
	','			
City	State	Zip Code	Form(Cash,Check,etc)	
Jone, 1	State	Tip code	, orm(dashjondokjete)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ ______ 9.25

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Statement of Expenditures

Name of Committee in Full									
CITIZENS FOR RANKIN									
To Whom Paid				М		D	Y	Amount	
BUCKEYE PRINTING & MAILING				1	0	$2 \mid 4$	0 5		2,264.59
Address	Purpose								
217 NORTH GRANT AVENUE	PRI	NTIN	G AND MAILING						
City	St	ate	Zip Code	Checl	k Nu	umber			
COLUMBUS	0	H	43215			196			
To Whom Paid				М	П	D	Y	Amount	-
TRIUMPH COMMUNICATIONS				1	0 3	2Q4	0 5		20,000.00
Address	Purpose)							
1480 DUBLIN ROAD	ME	DIAE	BUY						
City	St	ate	Zip Code	Chec	k Nu	umber			
COLUMBUS	Lo	H	43215			197			
To Whom Paid				М		D	Υ	Amount	
BUCKEYE PRINTING & MAILING				11	0	2 7	0 5		1,030.52
Address	Purpose	;					1		
217 NORTH GRANT AVENUE	1 '		G AND MAILING						
City		ate	Zip Code	Chec	k Nı	umber			
COLUMBUS	\perp_{\circ}	Н	43215			198			
To Whom Paid				М		D	Υ	Amount	
TRIUMPH COMMUNICATIONS				1	οL	2 8	0 5	ŀ	18,000.00
Address	Purpose			-50		4 1	1 ~ 1		
1480 DUBLIN ROAD		DIA E	STY						
City		ate	Zip Code	Chec	k Nı	umber		:	
COLUMBUS		H	43215	0,,,,,		199			
To Whom Paid		, L 1	EC/22 1 C/	М		D	Y	Amount	
JYC COMMUNICATIONS				$\frac{1}{1}$	٥Ι	2 8		, anounc	4,131.25
Address	Purpose			k.	O I	<u> </u>	[0]		**,1.21.42
5656 ECHO ROAD			AND PAPER BUY						
Gity		ate	Zip Code	Chec	k Ni	umber			
COLUMBUS	10	H	43230	ÇHÇÇ		200			
To Whom Paid	19	4.1	T. J. Jan 200	М	\neg	D	ΙΥ	Amount	
				1 .	1	0 1	0 5		9,804.00
TRIUMPH COMMUNICATIONS Address	Purpose			.l.	λļ	ULL	1012		9,004.00
	1		01.15/						
1480 DUBLIN ROAD		DIA B		Ch	1. 61.				
City	- 1	ate	Zip Code	Checi	K N	umber			
COLUMBUS		Н	43215		_	201	T V		
To Whom Paid				М		D	Y	Amount	14.00
VICKI LYDEN				11	11	0 2	0 5		46.00
Address	Purpose								
3096 HERRICK			RSE-POSTAGE	1					
City	[ate	Zip Code	Chec	k Nı	umber			
COLUMBUS	0	H	43221			202			
To Whom Paid				М		D	Y	Amount	
TRIUMPH COMMUNICATIONS				1	1	0 3	0 5	<u> </u>	5,058.75
Address	Purpose								
1480 DUBLIN ROAD	ME	DIA E							
City	St	ate	Zip Code	Chec	k N	umber			
COLUMBUS	10	Н	43215	I		203			

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Statement of Expenditures

Name of Committee in Full								
CITIZENS FOR RANKIN								
To Whom Paid				М	D	Υ	Amount	
TRIUMPH COMMUNICATIONS	· · · · · · · · · · · · · · · · · · ·			1 1	() 4	0 5		142.50
Address	Purpos							
1480 DUBLIN ROAD			RSE-MEDIA BUY EXPI					
City	1	ate	Zip Code	Check N				
COLUMBUS	0	H	43215		204	,		
To Whom Paid				M	D	Y	Amount	C 07 0 0 7 77 /2
FIELD RESOURCE MANAGEMENT	1-			1 1	$0 \mid 4$	0 5		3,522.50
Address	Purpos		the second report of the second second					
3246 W. HENDERSON RD.			DUCTION					
City		ate	Zip Code	Check I				
COLUMBUS		H	43220	1	205	I v	A	
To Whom Paid				M	D	Y	Amount	0.022.07
TRIUMPH COMMUNICATIONS Address	ID			1 1	0 4	() 5	<u> </u>	2,066.25
	Purpos		OT (N/					
1480 DUBLIN ROAD City		DIA E	Zip Code	Check I	dumbor			
COLUMBUS		late H	43215	Check	206			
To Whom Paid	О	1.1	1 90210	М	Z00	Y	Amount	
BRAINSTORM MEDIA, INC.				$\begin{bmatrix} \mathbf{n} \\ 1 \end{bmatrix} 1$			Amount	114.76
Address	Purpos			J. J.	17 3	UJ		11470
1020 GOODALE BLVD.	1 '		DUCTION					
City		ate	Zip Code	Check I	dumbor		!	
COLUMBUS		H	43212	CHECK	207			
To Whom Paid	1_0_	1.1	760212	М	O/	Υ	Amount	
BUCKEYE PRINTING & MAILING SERV.	ICES				110			724.83
Address	Purpos	е.		J. A		0 0	1	1 4 1 1 1 1 1 1
217 N. GRANT STREET			ND STOCK GENERIC	POST	CARI)S		
City		ate	Zip Code	Check I				
COLUMBUS	$\perp_{\rm O}$	H	43215		208			
To Whom Paid	1/			М	D	Y	Amount	,
ZACH MASON				111	2 1	0 5		168.23
Address	Purpos	e	•	<u> </u>				
2121 ASCHINGER BLVD.	REI	MBU	RSE-CELL PHONE CH	ARGE	15			
City	+	ate	Zip Code	Check I				
COLUMBUS	0	H	43212	1	209			
To Whom Paid				М	D	Ϋ́	Amount	
MIKE R. RANKIN				1 2	0 8	0 5		742.59
Address	Purpos	e	·		•		-	
2432 WLYNCOURTNEY COURT	REI	MBU:	RSE-YARD SIGNS					
City	St	ate	Zip Code	Check I	Number			
POWELL	10	H	43065		210			
To Whom Paid				М	D	Y	Amount	
Address	Purpos	е						
City	Ci	ate	Zip Code	Check	Number			
	3		Lip Sout	CHECK I	*arribet			

31-C R.C. 3517.10

Statement of Loans Received

				Pre	scrib	ea by	Secre	cary	01 50	ate 2/01						
Full Name of Committee MIKER, RANKIN																
From Whom Received										•	Pric	or An	nount			Amt. Incurred this Period
MIKE R. RANKIN													11,	150.00	_	0.00
Address 2432 WYNCOURTNEY C	COUR	a														Outstanding Balance 11,150.00
City		Zip Co		L	oans	Recei	ved 7	This	Perio					Pay	mer	nts This Period
POWE L	$O \Pi$	4306				Date				Amount			Dat		_	Amount
Date Loan was originally Incurred	(f 9	D 2 1) Y 0 0 4	М		D	Y		\$			1	D	Y		\$
Registration Number, if PAC			_	М		D	Y				N	1	D	Y		
Employer/Occupation/Labor Organization	n*			М		D	Y			<u> </u>	٨	1	D	Y		
From Whom Received											Pric	or An	nount			Amt. Incurred this Period
Address										,						Outstanding Balance
City	State	Zip Co	de	L		Recei Date	ved 1	This	Period	d Amount		Paym Date				nts This Period Amount
Date Loan was originally	М	D	Y	М	Т	D	Y		\$		λ	1	D	Y	T	\$
Incurred					1		l						.]		ı	
Registration Number, if PAC				М		D	Y				^	1	D	Y		
Employer/Occupation/Labor Organization	n*			М		D	Ý				N	1	D	Ý		
From Whom Received						'				'	Pric	or An	nount			Amt. Incurred this Period
Address																Outstanding Balance
City	State	Zip Co	ode	L		Recei Date	ived 7	This	Perio	d Amount			Dat	-	mer	nts This Period Amount
Date Loan was originally Incurred	М	D	Y	М		D 	Y		\$		N	1	D	Y		\$
Registration Number, if PAC				М		D 	Y			····	N	1	D	Y		
Employer/Occupation/Labor Organization	on*			М		D	Y				N	1	D	Y	7	
If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in t		d to the	•													

1	Total prior amount \$	11,150.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	11,1	50.00	(To Form No. 30-A)

Event Date	10-11-05
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary	or state 02/01					
Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor			Registra	tion Nur	nber if 1	PAC	
JULIAL L. DORRIAN			I CGISTI	icion (46)	inoci, ii i	710	
Street Address	Employer/Occupation	on/Labor Organization*	М	D	Ϋ́	Amount	
130 NORTHRIDGE ROAD	ATTORNEY		110	3 1	0 5		250.00
City		Code	Form(C	ash,Chec	k,etc)		
COLUMBUS	$O \mid H \mid$	43214	(HEC	K		
Full Name of Contributor	***		Registra	ition Nur	nber, if I	PAC	
C	Elaure/Occupation	on/Labor Organization*	М	l D	Γν	Amount	
Street Address	Employer/Occupation	on/Labor Organization				Amount	
City	State Zip	Code	Form(Ca	ash,Chec	k,etc)		
Full Name of Contributor			Registra	tion Nur	mber, if I	PAC	
Chrone Address	Employer/Occupation	on/Labor Organization*	М	D	Y	Amount	
Street Address	Employer/Occupation	on/Eabor Organization				Amount	
City	State Zip	Code	Form(C	ash,Ched	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if	PAC	
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	
City	State Zip	Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	mber, if	PAC	
Street Address	Employer/Occupation	on/Labor Organization*	М	D 	Y	Amount	
City	State Zip	Code	Form(C	ash,Chec	:k,etc)		
Full Name of Contributor	h		Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	
City	State Zip	Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor	I L		Registra	ation Nur	mber, if	PAC	
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	
City	State Zip	Code	Form(C	ash,Ched	k,etc)		
	1		J				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
250.00	0.00	Page Total \$ 25(),()()

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-21-05
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 02/01					
Name of Committee in Full CUTIZENS FOR RANKIN							
Full Name of Contributor			Registra	tion Nu	mhar if	DAC	
NEIL W. ROSENBERG			Registra	ICIOII NUI	iliber, ii	FAC	
Street Address	Employer/Occu	pation/Labor Organization*	М	Q	ΙΥ	Amount	
400 S. FIFTH ST., SUTTE 102	ATTORN		110	ı	1		100.00
City	State	Zip Code	Form(Ca				
ÇOLUMBUS	OLH	43215		TÉC			
Full Name of Contributor			Registra			PAC	
VICKEY S. JEFFERSON							
Street Address	Employer/Occu	pation/Labor Organization*	М	D	ΤΥ	Amount	
7368 FAIRFIELD LAKES DRIVE			110	2 8	015		35.00
City	State	Zip Code	Form(Ca				
POWELL	-10 ± 0	43065	,	HEC.			
Full Name of Contributor			Registra			PAC	
					,		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	ΤΥ	Amount	
	` `			l 1	1		
City	State	Zip Code	Form(Ca	ash,Chec	ck,etc)		
	1 1					:	
Full Name of Contributor			Registra	tion Nu	mber, if	PAC	
Street Address	Employer/Occu	ipation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor	•	•	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	ipation/Labor Organization*	М	D	Y	Amount	
						1	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
			į				
Full Name of Contributor			Registra	tion Nu	mber, if	PAÇ	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash,Ched	ck,etc)		
Full Name of Contributor			Registra	tion Nu	mber, if	PAC	
Street Address	Employer/Occu	ipation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash,Cheo	ck,etc)		
* Required for contributions from individuals over \$100 to s	statewide and general a	assembly candidates. If contri	butor is se	elf-emplo	yed, oc	cupation rathe	r than employer

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	135.00
135.00	0.00		

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-25-05
Page	12

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	rescribed by a)CCIE	etary of State 02701					
Name of Committee in Full CITIZENS FOR RANKIN								
Full Name of Contributor				Registra	tion N.	nhor if t	240	
I, ANTHONY LOGAN				Registra	aon Nul	noer, m	MC	
Street Address	Employer/C)cciu	pation/Labor Organization*	1 м Т	D	Y	Amount	
4L740 HAYDEN RUN RD.	Linployer	ccup	pation/ capor Organization	1 0				50.00
City	State		Zip Code	Form(Ca			·	50.00
COLUMBUS		Н	43221	-	HEC			
Full Name of Contributor		. ,	T. C. Carlon A.	Registra			PAC	
DAN STEWART FOR STATE REPRESEN	JT ATIME			Indigitation		,,,,,,	,,,,	
Street Address		ocur	pation/Labor Organization*	I M	D	Ϋ́	Amount	
947 GOODALE BLVD., SUITE 201	Z.mpio y o. v o		patron Land Organization	1 0		1		50.00
City	State		Zip Code	Form(Ca				
COLUMBUS		ΕĪ	43212		HEC			
Full Name of Contributor				Registra			AC	
S. VANESSA WICAL BAKER				"				
Street Address	Employer/C)ccup	pation/Labor Organization*	М	D	Υ	Amount	
3163 WALDEN RAVINES			_	110	2 6	0 5	ł	25.00
City	State		Zip Code	Form(Ca				
COLUMBUS	\perp_{O}	Н	43221		HEC	K		
Full Name of Contributor			<u></u>	Registra	tion Nur	nber, if f	AC	
DONALD B. LEACH, JR.								
Street Address	Employer/C	ccup	pation/Labor Organization*	М	D	Y	Amount	
191 W. NATIONWIDE BLVD., STE 300				1 0	2 6	0 5		00.001
City	State		Zip Code	Form(Ca	sh,Chec	k,etc)		
COLUMBUS		H	43215	C	HEC	K		
Full Name of Contributor				Registra	tion Nur	nber, if F	AC	
BUCKINGHAM DOOLITTLE & BURRO				CP13	1.			
Street Address	Employer/0	ccu	pation/Labor Organization*	М	D	Y	Amount	
50 S. MAIN STREET				1 0				100.00
City	State		Zip Code	Form(Ca				
AKRON	0	H	44308	C	HEC	K		
Full Name of Contributor				Registra	tion Nur	nber, if I	PAC	
BONNIE BIRATH				<u> </u>				
Street Address	Employer/C	ccu	pation/Labor Organization*	M	D	Y	Amount	
1157 WORTHINGTON HTS. BLVD.				1 0				50.00
City	State		Zip Code	Form(Ca				
COLUMBUS		H	43235		HEC			
Full Name of Contributor				Registra		nber, if f	PAC	
UNITED ASSOC OF IRNYMN & APPRN				LA12				
Street Address	Employer/0	ccu	pation/Labor Organization*	М	D	Y	Amount	
1250 KINNEAR ROAD						0 5		250.00
City	State		Zip Code	Form(Ca				
COLUMBUS	0	H_	43212		HEC	K.		
			<u> </u>					
* Bounded for consultrations from individuals over \$100 to state	wide and done	ral ar	combly condidator If contrib	utor ic ca	lf_amala	wad acc	unation rathe	r than employed

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 625.00
3,000.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-25-05
Page	13

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Secre	etary of State 02/01					
Name of Committee in Full								
CITIZENS FOR RANKIN								
Full Name of Contributor				Registra	ation Nu	mber, if i	PAÇ	
RICHARD D. TOPPER				ļ		1	1.	
Street Address	' 1		pation/Labor Organization*	M	D	Y	Amount	
1500 W. THIRD AVE., SUITE 400		TORN		1		0 5		150.00
City	- 1	tate	Zip Code		ash,Che			
COLUMBUS		11	43215		THEC			
Full Name of Contributor	general personal species	Contraction		Registra	ation Nu	mber, if I	PAC	
COLUMBUS FRANKLIN COUNTY AFI				М	D	[Y	Amount	
Street Address	Employ	/er/Occu	pation/Labor Organization*	1 ''	1	0 5	I .	000.00
1545 ALUM CREEK DR. 2ND FLR			True Code					200.00
City	- 1	tate	Zip Code 43209		ash,Che			
COLUMBUS	10	1-1	4.02.09				0.4.0	
Full Name of Contributor				Registra	ation NU	mber, if I	rAÇ	
JEFF PORTMAN Street Address	Employ	·or/Ooo	pation/Labor Organization*	М	l D	Y	Amount	
	1 ' '		N FOLEY & FLINT	1	2 8	1	Amount	100.00
471 E. BROAD ST., SUITE 1820		tate	Zip Code		ash,Che			3.304.23.24.7
COLUMBUS	10	l H	43215		THEC			
Full Name of Contributor		1 11	Te / mark. w/			mber, if I	PAC	
IOHN P. GILLIGAN				Inogio ai	ucion 14u	iiioci, ii i	710	
Street Address	Employ	/er/Occui	pation/Labor Organization*	м	T D	ΙΥ	Amount	
250 WEST STREET	1		ENSTEIN ZOX DUI	110	218	015		125.00
City		tate	Zip Code		ash,Che			
COLUMBUS		I H	43215		THEC			
Full Name of Contributor	1 37			Registra	ation Nu	mber, if t	PAC	
JOHN C. MCDONALD				•		•		
Street Address	Employ	/er/Occu	pation/Labor Organization*	М	D	TY	Amount	
250 WEST STREET	SC	HOTT	ENSTEIN ZOX DUI	1 0	2 8	0 5		125.00
City	s	tate	Zip Code	Form(C	ash,Che	ck,etc)		
COLUMBUS	0	Irl	43215		CHEC	K		
Full Name of Contributor		,		Registra	ation Nu	mber, if	PAC	
JEFFREY D. PORTER								
Street Address	Employ	/er/Occu	pation/Labor Organization*	М	D	Y	Amount	
329 S RICHARDSON AVE.						0 5		100.00
City	s	tate	Zip Code	1	ash,Che			
COLUMBUS	0	H	43204		<u> HEC</u>			
Full Name of Contributor				_		mber, if I	PAC	
COLS SHEET METAL WRKRS COMTE				OHI	053			
Street Address	Employ	/er/Occu	pation/Labor Organization*	M	D	Y	Amount	
3035 LAMB AVE.						0 5		350.00
City	S	tate	Zip Code	1	ash,Che			
COLUMBUS	0	H	43219			:K		
* Required for contributions from individuals over \$100 to state	ewide and	general a	ssembly candidates. If contrib	utor is s	elf-empl	oyed, occ	cupation rathe	er than employer

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

Total contributions this event	Total expenditures this event	
		Page Total \$1,150.00_

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-25-05
Page	14

Statement of Contributions Received at a Social or Fundraising Event

\$4800 CANTERWOOD CT. State HILLIARD O	Occupation/Labor Org H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Tip Code H 432	ganization* Page P	M 1 () Form(Ca Registra M 1 () Form(Ca C Registra	ash,Chec THIC ation Nur 8	Y 0 5 5 k,etc) K mber, if F Y 0 5 k,etc) K mber, if F Y 0 5 5 k,etc) K K K K	Amount PAC Amount PAC Amount	150.00 150.00 200.00
Full Name of Contributor	Coccupation/Labor Org H PHILLIPS & Zip Code H Zip Code H Zip Code H 430: Coccupation/Labor Org EALD SEWALT Sip Code H 432: PAC Coccupation/Labor Org	ganization* Page P	M 1 (1) Form(Ca (C) Registra M 1 (1) Form(Ca (C) Registra M 1 (1) Form(Ca (C) Registra	D 2 8 ash,Chec 1 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 E	Y 0 5 5 k,etc) K mber, if F Y 0 5 k,etc) K mber, if F Y 0 5 5 k,etc) K K K K	Amount PAC Amount PAC Amount	150.00
PAUL J. UNGER Employer/C Street Address Employer/C 4800 CANTERWOOD CT. State City STED TELESMITH Street Address Employer/C 660 N. HIGH STREET SMITH City State WORTHINGTON O Full Name of Contributor MARTY ANDERSON Street Address Employer/C 3409 RIVERSEINE ST. SEWE City State COLUMBUS O Full Name of Contributor OH & VIC REGIONAL OF CARPETERS POLIOFF Street Address Employer/C 222 E. TOWN ST. Employer/C City State COLUMBUS O Full Name of Contributor O	Coccupation/Labor Org H PHILLIPS & Zip Code H Zip Code H Zip Code H 430: Coccupation/Labor Org EALD SEWALT Sip Code H 432: PAC Coccupation/Labor Org	ganization* Page P	M 1 (1) Form(Ca (C) Registra M 1 (1) Form(Ca (C) Registra M 1 (1) Form(Ca (C) Registra	D 2 8 ash,Chec 1 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 ation Num D 2 8 ash,Chec 1 EC 1 E	Y 0 5 5 k,etc) K mber, if F Y 0 5 k,etc) K mber, if F Y 0 5 5 k,etc) K K K K	Amount PAC Amount PAC Amount	150.00
Employer/Color	Coccupation/Labor Org H PHILLIPS & Zip Code H Zip Code H Zip Code H 430: Coccupation/Labor Org EALD SEWALT Sip Code H 432: PAC Coccupation/Labor Org	ganization* ganization* ganization* D & CLOU	T () Form(Ca C Registra M 1 () Form(Ca C Registra () Registra A 1 () Form(Ca C Registra	2 8 ash,Chec I-I-C ation Nun 2 8 ash,Chec I-I-C 2 8 ash,Chec 1 1 C ation Nun 8	o 5 k,etc) K mber, if F 0 5 k,etc) K mber, if F V 0 5 kk,etc) K	Amount PAC Amount	150.00
ASOB CANTERWOOD CT.	Coccupation/Labor Org H PHILLIPS & Zip Code H Zip Code H Zip Code H 430: Coccupation/Labor Org EALD SEWALT Sip Code H 432: PAC Coccupation/Labor Org	ganization* ganization* ganization* D & CLOU	T () Form(Ca C Registra M 1 () Form(Ca C Registra () Registra A 1 () Form(Ca C Registra	2 8 ash,Chec I-I-C ation Nun 2 8 ash,Chec I-I-C 2 8 ash,Chec 1 1 C ation Nun 8	o 5 k,etc) K mber, if F 0 5 k,etc) K mber, if F V 0 5 kk,etc) K	Amount PAC Amount	150.00
City State 1 III.L.I.ARD O Full Name of Contributor SCOTT E. SMITH SMITH Street Address Employer/C 660 N. THGH STREET SMITH City State WORTHINGTON O Full Name of Contributor MARTY ANDERSON Street Address Employer/C City State COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 222 E. TOWN ST. Employer/C City State COLUMBUS O Full Name of Contributor O	Occupation/Labor Org H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 432	ganization* ASSOC ganization* D&CLOU ganization*	Form(Ca M 1 (1) Form(Ca Ca Registra M 1 (1) Form(Ca Ca Ca Registra	ash,Chec HEClation Num 2 8 ash,Chec HEClation Num D 2 8 ash,Chec 1 1 Clation Num 8	k,etc) K mber, if F 0 5 k,etc) K nber, if F	Amount PAC Amount	150.00
THILLIARD	Occupation/Labor Org H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 432	ganization* c ASSOC ganization* D & CLOU ganization*	Registra M 1 (1) Form(Ca C Registra M 1 (1) Form(Ca C Registra	D 2 8 ash,Chec HEC) ation Num D 2 8 ash,Chec LIEC ation Num D 2 8 ash,Chec LIEC ation Num 8	K nber, if F 0 5 k,etc) K nber, if F 1 9 0 5 k,etc) K	Amount PAC Amount	
Full Name of Contributor SCOTT E. SMITH Street Address Employer/C 6660 N. THCH STREET SMITH City State WORTHINGTON O Full Name of Contributor Employer/C MARTY ANDERSON Street Address 3409 RIVERSEINE ST. SEWE City State COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 222 E. TOWN ST. Employer/C City State COLUMBUS O Full Name of Contributor O	Occupation/Labor Org H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 432 PAC Occupation/Labor Org	ganization* ASSOC F 985 Ganization* D & CLOU P 221 F ganization*	M 1 (1) Form(Ca (Ca) Form(Ca (Ca) Registra M 1 (1) Form(Ca	D 2 8 ash,Chec HEC 2 8 ash,Chec 1 HEC 3 ash,Chec 1 HEC 3 ash,Chec 1 HEC 3 ash,Chec 1 HEC 3 ash,Chec	y 0 5 k,etc) Y mber, if F Y 0 5 k,etc) K	Amount PAC Amount	
SCOTT E. SMITH Street Address Employer/C 6660 N. THCH STREET SMITH City State WORTHINGTON O Full Name of Contributor MARTY ANDERSON Street Address Employer/C 3409 RIVERSEINE ST. SEWE City State COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 222 E. TOWN ST. Employer/C City State COLUMBUS O Full Name of Contributor O	H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 4323 PAC Occupation/Labor Org	ganization* 2 ASSOC F 1085 F 10 & CLOU 11 1221 F 1230 F 1340 F 1440 F 1540 F	M 1 (1) Form(Ca Registra M 1 (1) Form(Ca	D 2 8 ash, Chec D 2 8 ash, Chec D 2 8 ash, Chec D 1 11 C ation Number 8	Y 0 5 5 k,etc) Y 0 5 5 k,etc)	Amount PAC Amount	
Street Address Employer/G 6660 N. FIECH STREET SMIT City State WORTHINGTON O Full Name of Contributor MARTY ANDERSON Street Address Employer/G 3409 RIVERSEINE ST. SEWE City State COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/G 222 E. TOWN ST. Employer/G City State COLUMBUS O Full Name of Contributor O	H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 4323 PAC Occupation/Labor Org	r ASSOC F 085 F ganization* 10 & CLOU F 221 F ganization*	Form(Ca Registra M 1 0 Form(Ca C	2 8 ash,Chec THEC ation Num 2 8 ash,Chec	0 5 k,etc) K mber, if F Y 0 5 k,etc) K	PAC Amount	
SMIT	H PHILLIPS & Zip Code H 4303 Occupation/Labor Org EALD SEWALT Zip Code H 4323 PAC Occupation/Labor Org	r ASSOC F 085 F ganization* 10 & CLOU F 221 F ganization*	Form(Ca Registra M 1 0 Form(Ca C	2 8 ash,Chec THEC ation Num 2 8 ash,Chec	0 5 k,etc) K mber, if F Y 0 5 k,etc) K	PAC Amount	
City State WORTHINGTON O Full Name of Contributor MARTY ANDERSON Street Address Employer/C 3409 RIVERSEINE ST. SEWE City State COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 222 E. TOWN ST. Employer/C City State COLUMBUS O Full Name of Contributor O	Zip Code H 4308 Occupation/Labor Org EALD SEWALT Zip Code H 4328 PAC Occupation/Labor Org	ganization* 1) & CLOt 221 ganization*	Form(Ca Registra M 1 0 Form(Ca C Registra	ash,Chec HEC) ation Num D 2 8 ash,Chec HEC)	k,etc) K mber, if F Y 0 5 k,etc) K	Amount	
WORTHINGTON Full Name of Contributor MARTY ANDERSON Street Address 3409 RIVERSEINE ST. City COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City COLUMBUS Full Name of Contributor	Occupation/Labor Org EALD SEWALT Zip Code H 432: PAC Occupation/Labor Org	ganization* 10 & CLOU 221 ganization*	Registra M 1 0 Form(Ca	THECO	K mber, if F Y 0 5 ck,etc)	Amount	200.00
Full Name of Contributor MARTY ANDERSON Street Address Employer/Contributor State State COLUMBUS O Full Name of Contributor OH & VIC REGIONAL OF CARPETERS POLIOFF Street Address Employer/Contributor City State COLUMBUS O Full Name of Contributor Full Name of Contributor	Occupation/Labor Org EALD SEWALT Zip Code H 432: PAC Occupation/Labor Org	ganization* 10 & CLOU 221 ganization*	M 1 0 Form(Ca C Registra LA35	D 2 8 ash,Chec 1 HEC ation Num	nber, if F Y 0 5 k,etc) K	Amount	200.00
MARTY ANDERSON Street Address 3409 RIVERSEINE ST. City COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 221 E. TOWN ST. City COLUMBUS Full Name of Contributor	EALD SEWALT Zip Code H 432 PAC Occupation/Labor Org	ganization* 10 & CLOU 221 ganization*	M 1 0 Form(Ca C Registra LA35	D 2 8 ash,Chec THEC ation Num	Y 0 5 ck,etc) K	Amount	200.00
Street Address 3409 RIVERSEINE ST. City COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City COLUMBUS Full Name of Contributor	EALD SEWALT Zip Code H 432 PAC Occupation/Labor Org	D & CLOU 221	T 0 Form(Ca C Registra LA35	2 8 ash,Chec THEC ation Num	0 5 :k,etc) K	:	200.00
3409 RIVERSEINE ST. City COLUMBUS O Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 L. TOWN ST. City COLUMBUS Full Name of Contributor	EALD SEWALT Zip Code H 432 PAC Occupation/Labor Org	D & CLOU 221	T 0 Form(Ca C Registra LA35	2 8 ash,Chec THEC ation Num	0 5 :k,etc) K	:	200.00
City COLUMBUS O COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City State COLUMBUS Full Name of Contributor	PAC Occupation/Labor Org	221 Figanization*	Form(Ca C Registra LA35	ash,Chec THIC ation Nur 8	k,etc) K	PAC	200.00
COLUMBUS Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City State COLUMBUS Full Name of Contributor	H 432 PAC Occupation/Labor Org	221 Figanization*	C Registra LA35	THEC ation Nur 8	K	PAC	
Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF Street Address 222 E. TOWN ST. City State COLUMBUS Full Name of Contributor	PAC Occupation/Labor Org	ganization*	Registra LA35	ation Nur 8		PAC	
OH & VIC REG CNCL OF CARPETERS POL OFF Street Address Employer/C 222 E. TOWN ST. State COLUMBUS O Full Name of Contributor	Occupation/Labor Org	ganization*	LĀ35	8	nber, if F	PAC	
Street Address Employer/C 222 E. TOWN ST. State City State COLUMBUS O Full Name of Contributor	Occupation/Labor Org	ganization*					
222 E. TOWN ST. City State COLUMBUS O Full Name of Contributor		- 1	М	. —			
City State COLUMBUS O	7in Cada	1		D	Y	Amount	
COLUMBUS O	7in Code		1 0			<u> </u>	300.00
Full Name of Contributor	1 '	I	•	ash,Chec			
	H 432			HEC			
		F	Registra	ation Nur	nber, if I	PAC	
TEAMSTERS LOCAL UNION 413 DRIVE FUND							
	Occupation/Labor Org	- 1	M	D	Y	Amount	
555 E. RICH ST.		ļ	$1 \mid 0 \mid$	2 8	0 5	<u>L</u>	300.00
City State	Zip Code			ash,Chec			
COLUMBUS O	H 432	215	C	HEC.	K		
Full Name of Contributor	•	F	Registra	ation Nun	nber, if I	PAC	
TIMOTHY G. SERROTT							
	Occupation/Labor Org	ganization*	М	D	Υ	Amount	
8695 OLENTANGY RIVER ROAD	.,	- 1	1 0	2 8	1 .		50.00
City State	Zip Code			ash,Chec			
	H 430	ı.		HEC.			
Full Name of Contributor			-	ation Nur		PAC	
RAYMOND LAVOIE		ľ					
	Occupation/Labor Org	ganization*	М	D	Y	Amount	
826 SUMMIT ST.		- 1	1 0				75.00
City State	Zip Code			ash,Chec			
	Н 432	i	•	CHEC			
1 2							

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from Form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$1,225.00

members, if any, must appear. [R.C. 3517.10(B)(4)]

10-27-05	
15	
	10-27-05

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 02/01		
Name of Committee in Full CUTTIZENIC ECOD DANIELNI				
CITIZENS FOR RANKIN			Desirentia de Ministra de 170	
Full Name of Contributor ANDY GEIGER			Registration Number, if I	PAC
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
2358 NORTHWEST BLVD.	Linpidyer/ Occu	pagon capor organization	1 0 3 1 0 5	40.00
City	State	Zip Code	Form(Cash,Check,etc)	*0.00
COLUMBUS	OLU	43212	CASH	
Full Name of Contributor			Registration Number, if F	PAC
IIM FRONK				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
1896 BALDRIDGE RD.D			1 0 3 1 0 5	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OIH	43221	CASH	
Full Name of Contributor			Registration Number, if F	PÁC
LAURA COOK				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
2019 EDGEMONT ROAD N.	į		J 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OH	43221	CASH	
Full Name of Contributor		·	Registration Number, if f	PAC
KELANIE FITXPATRICK MEICHELL				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
1635 SUNDRIDGE DR.			1 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OH	43221	CHECK	
Full Name of Contributor			Registration Number, if I	PAC
MARY ANN KRAUSS			<u> </u>	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
1980 UPPER CHELSEA RD.		1	1 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	$O \mid H$	43221	CHECK	
Full Name of Contributor			Registration Number, if I	PAC
PHYLLIS M. NEWMAN Street Address	Emale ver/Occu	pation/Labor Organization*	M D Y	Amount
2090 LOWER CHELSEA RD.	Employer/Occu	pation/Labor Organization	1 0 3 1 0 5	
City	State	Zip Code	Form(Cash,Check,etc)	50.00
COLUMBUS	O I II	43221	CHECK	
Full Name of Contributor	10 **	1 (, 2 2 2 2 2	Registration Number, if I	PAC
JODENE MAXWELL SCARBROUGH			J	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y	Amount
2449 KENSINGTON DR.		. .	1 0 3 1 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	$ \mid$ O \mid H	43221	CHECK	
<u> </u>		•	•	
* Beauty of far contributions from individuals over \$100 to stat			buttor is solf ampleyed ass	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
705.00	0.00	Page Total \$255.00
705.00	0.00	L

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-27-05
Page	16

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	etary of State 02/01		
Name of Committee in Full				
CITIZENS FOR RANKIN				
Full Name of Contributor			Registration Number, if PAC	
KATHERINE KRAUSS RYAN				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1965 UPPER CHELSEA RD.			1 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OLH	43221	CHECK	
Full Name of Contributor			Registration Number, if PAC	
JEFFREY T. FOLKERTH				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2231 OXFORD RD.		, -, -, -, -, -, -, -, -, -, -, -, -, -,	1 0 3 1 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OLH	43221	CHECK	
Full Name of Contributor	* * * *	***************************************	Registration Number, if PAC	
MELISSA K. HEDDEN				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2280 BRIXTON RD.	Employer/ occu	pation Later Organization	1 0 3 1 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	2713 - 121127
COLUMBUS		43221	CHECK	
Full Name of Contributor		"I' . I sine tier .k.	Registration Number, if PAC	
			Registration Number, if FAC	
KATHAY A. P ANNING	I- ,,			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1990 UPPER CHELSEA RD.			1 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	0 1	43221	CHECK	
Full Name of Contributor			Registration Number, if PAC	
DIANESTURGES				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1622 CAMBRIDGE BLVD.			1 0 3 1 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OH	43221	CHECK	
Full Name of Contributor			Registration Number, if PAC	
JAN E. DAVIS				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2492 EDGEVALE RD.			1 0 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OIH	43221	CHECK	
Full Name of Contributor	****		Registration Number, if PAC	
SHARON M. WHALEY				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1831 ROXBURY RD.			1 0 3 1 0 5	50.00
TOOL KONGO CHA THEE	State	Zip Code	Form(Cash,Check,etc)	
City		1 '	CHECK	
COLUMBUS	OTH	43221		

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from Form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 275.00
		<u></u>

Event Date	10-27-05
Page	17

Statement of Contributions Received at a Social or Fundraising Event

					Registration Number, if PAC					
RON KOLTOK										
Street Address	1 '	•	upation/Labor Örganiza		- 1	D	Y	Amount		
5 E. LONG ST.	K	KOLTOK & GIBSON		1	0	3 1	. 0	5	.l.	.00.00
City		State	Zip Code	For	m(Ca	sh,Che	ck,etc))		
COLUMBUS) H	43215		-C	HEC	CK			
ull Name of Contributor	·			Reç	jistra	tion Nu	ımber,	if PAC		
KATHLEEN ADDLESE	ERGER									
treet Address	Emp	loyer/Occ	upation/Labor Organiza	ation* M		D	Y	Amount		
– 1336 CAROLYN AVEN	UE			1	0	3 1	0	5		25.00
ity		State	Zip Code	For	m(Ca	sh,Che	ck,etc))		
COLUMBUS) H	43224		()	HEC	JK.			
ull Name of Contributor	•			Reg	jistra	tion Nu	ımber,	if PAC		
BARBARA G. FORD										
treet Address	Emp	loyer/Occ	upation/Labor Organiza	ation* M	- T	D	Y	Amount	:	
595 E. DOMINION BLY	1 '				0	3 1	01	5		50.00
Sity		State	Zip Code				ck,etc)			
COLUMBUS	10	1	43214			THEC				
ull Name of Contributor			71.732.171	Rec			ımber,	if PAC		
un varie or contributor				1,00	113014	(1011 /11	arrioci,	1174		
treet Address	Emp	lover/Occ	upation/Labor Organiza	ation* M	t T	Đ	ΙΥ	Amount		
deet Address	Linp	byen occ	apacion/ Labor Organiza	1	'nΙ	Ī	1 1	Amoun		
City		State	Zip Code	Eor	m(Ca	sh Che	ck,etc)	\		
ıty) (ate	Zip Code	10	тқса	311,0110	ick,etc,			
ull Name of Contributor	L			Doc	ietro	tion M	ımber,	it DAC		
uii Name or Contributor				lveí	JISULA	tion ivi	mber,	II PAC		
itreet Address	IF	laa. /Oa.	upation/Labor Organiza	ation* M		D	ΤΥ	Amount		
Street Address	Emp	byer/Occ	upation/Labor Organiza	ation.	'	ں ا	'	Amount	•	
22.			In a l			1.0	<u> </u>			
City		State	Zip Code	For	m(Ca	sn,cne	ck,etc)	,		
ull Name of Contributor				Reg	jistra	tion N	ımber,	if PAC		
			4							
treet Address	Emp	ioyer/Occ	upation/Labor Organiza	ation* M	!	D	Y	Amount		
							$\perp \perp$			
ity	İ	State	Zip Code	For	m(Ca	sh,Che	ck,etc))		
ull Name of Contributor				Reg	jistra	tion N	ımber,	if PAC		
treet Address	Emp	loyer/Occ	upation/Labor Organiza	ation* M	1	D	Y	Amount		
				ŀ			1 1	1		
iity		State	Zip Code	For	m(Ca	sh,¢he	ck,etc))		



In-Kind Contributions Received

Name of Committee in Full									
CITIXENS FOR RANKIN Full Name of Contributor	Employer Occi	upation, Labor Organization *	Registrațio	on Number,	if PAC				
Konan Pi	• • • • • • • • • • • • • • • • • • •	Liu Pon Xi	Jugiotraren						
Street Address		Description of Item or Service			Fair Market Valu	е			
8 E. Goodale Street	fo	od, beverages	1 0 2	2 7 0	5	100.00			
City	State	Zip Code	Received at Fundraising Event?						
Columbus	O H	43215	⊥∑'n	ES	10				
Full Name of Contributor		upation, Labor Organization *	Registration	on Number,	if PAC				
Ron Levy	Par	king Solutions							
Street Address	L ·	Item or Service	М	D Y	Fair Market Valu				
850 Michigan Avenue		valet service	1 0 2 7 0 5 60.00						
City	State	Zip Code	Received at Fundraising Event?						
Columbus	O H	43215			NO				
Full Name of Contributor		upation, Labor Organization *	Registration	on Number,	if PAC				
Mark Dempsey		ınklin County	<u> </u>	<u> </u>	Te : M T . M.				
Street Address	l ·	Item or Service	M	DY	Fair Market Valu				
305 Westwood Wire yard sign frames State Zip Code				1 6 0		390.00			
City Columbus		43212	1	at Fundraisir ES	lo Event?				
Full Name of Contributor	~ .	upation, Labor Organization *		on Number,					
Full Name of Contributor	Employer, Occi	upation, Labor Organization	Negisti zuc	on Number,	II FAC				
Street Address	Description of	Item or Service	M	D Y	Fair Market Valu	е			
City	State	Zip Code	Received	at Fundraisi	na Event?				
city		210 0000		ES	No				
Full Name of Contributor	Employer, Occi	upation, Labor Organization *		on Number,					
Street Address	Description of	Item or Service	H _M	D Y	Fair Market Valu				
Street Address	DOSCRIPTION OF	Rem or service		ĭli	Tall Market Valu				
City	State	Zip Code	Received a	at Fundraisii	ng Event?				
			h	ES	40				
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registratio	on Number,	if PAC				
Street Address	Description of	Item or Service	М	D Y	Fair Market Valu	e			
City	State	Zip Code	1	at Fundraisi ES	ng Event?				
Full Name of Contributor	Employer, Occi	upation, Labor Organization *		on Number,					
Street Address	Description of	Item or Service	M	D Y	Fair Market Valu	e			
City	State	Zip Code	Received a	at Fundraisir	ng Event?				
			rı	ES	NO NO				
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registratio	on Number,	if PAC				
Street Address	Description of	Item or Service	м	D Y	Fair Market Valu	ė			
City	State	Zip Code		at Fundraisii ES	. []				
	I	1	1 1 1	LJ	ļΟ				

Page Total \$	550.00

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Statement of Outstanding Debts

				Prior A	mount		Amt. Incurred this Period
					2,3	201.11	0.00
				Item or	Purpose	for Debt	Outstanding Balance
				IGNS	5, MA	GNF	2,201.11
State	Zip	Code	;		Pay	yments	Made This Period
O 19		430)65		Date		Amount
М	0	,	Υ	М	D	Y	\$
	1	6	0 4				
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				М	D	Ý	
					<u> </u>	1	
				Prior A	mount		Amt. Incurred this Period
				1			
				Item or	Purpose	for Debt	Outstanding Balance
State	Zip	Code		 	Por	·monto	Mode This Regard
					-		Amount
М	[)	Υ	м	D	Y	\$
a l			ı				
	.li			М	D	Y	
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				M		 	
					1	1	
				Prior A	mount		Amt. Incurred this Period
				1,101 7	····ou···		And meaned this toriou
				item or	Purnose	for Debt	Outstanding Balance
				icom or	i ui poso	IOI DODE	outstanding balance
T State	Zin	Code		 			
Julia	-	couc	-			•	Made This Period Amount
M	-	. T		М			\$
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				М.	D	Y	
	O H	State Zip	State Zip Code	State Zip Code State Zip Code	State Zip Code	State Zip Code Page Add Ad	State Zip Code